

7

09/412792 10/05/99

~~Amanda Schiefen~~  
~~Amanda Schiefen~~

WASHINGTON, DC

October 5, 1999  
Page 2

Basic filing fee	760.00
Total claims in excess of 20 times \$18.00	180.00
Independent claims in excess of 3 times \$78.00	312.00
Fee for multiple dependent claims	0.00
Total filing fee:	\$ 1252.00

A check for the filing fee is enclosed. Please apply any other required fees or any credits to deposit account 06-1050, referencing the attorney docket number shown above.

If this application is found to be incomplete, or if a telephone conference would otherwise be helpful, please call the undersigned at 617/542 -5070.

Kindly acknowledge receipt of this application by returning the enclosed postcard.

Please send all correspondence to:

Scott C. Harris  
Fish & Richardson P.C.  
4225 Executive Square, Ste. 1400  
La Jolla, CA 92037

Respectfully submitted,

Scott C. Harris  
Reg. No. 32,030  
Enclosures